

(GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number _____

Date Received _____

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: NCARNG

(Corporation, Individual, Public Agency, or Other Entity)

Street Address: 4105 Reedy Creek Rd.County: WakeCity: Raleigh State: NC Zip Code: 27607Tele. No. (Area Code): 919-664-6186

II. LOCATION OF TANK(S)

Facility Name or Company OMS #7Facility ID # (if available) 0-024323Street Address or State Road: 2000 Silas Creek PkwyCounty: Forsythe City: Winston-Salem Zip Code: 27103

Tele. No. (Area Code): _____

III. CONTACT PERSON

Name: Todd PreddyJob Title: Environmental Projects CoordinatorTelephone Number: (919) 664-6392

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: SPATCOAddress: 130 Penmarc Dr. Unit 112 State: NC Zip Code: 27603Contact: Mike Harman Phone: 832-2535

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment in Place	New Contents Stored
	<u>2000</u>	<u>Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Vickie Dudick Environmental Program Manager*Scheduled Removal Date: 16 May 1994Signature: Vickie A. DudickDate Submitted: 12 May 1994

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.